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COPING WITH SURGERY

by Mary Lou Ballweg

Endometriosis is a frequently misdiagnosed and misunderstood disease process in which tissue normally lining the uterus is also found in the abdomen, and on the ovaries, bowel, and bladder. The resulting internal bleeding, scar tissue, and inflammation produce a host of debilitating symptoms which encompass, but are not limited to, chronic pelvic pain and painful menstrual periods, painful intercourse, infertility, bowel and bladder problems, chronic fatigue, and low resistance to infections. The cause is unknown and no cure is available. Treatment choices include a spectrum of pain medications and a variety of traditional surgeries and new laser techniques to remove the growths. Unfortunately, these frequently recur, necessitating repeated surgeries or hysterectomy as a last recourse. Endometriosis affects an estimated five million women in the United States and another one-half million in Canada. Sufferers range from eleven to fifty years of age and may be of any race.

Diagnosed with endometriosis in 1978, Mary Lou Ballweg co-founded the Endometriosis Association with Carolyn Keith in 1980. The organization offers assistance and support to those directly affected, educates the public and medical community, and promotes research related to endometriosis.

The following article on Ms. Ballweg's use of the EMERGENCY SERIES to decrease pain and anxiety relative to surgery is excerpted and reprinted from the Endometriosis Association Newsletter, Vol. 12, No. 6, with its permission. The Association has recently acquired 100 EMERGENCY SERIES sets for the benefit of their members, support groups, and chapters across the U.S. and Canada. For more information, write to Endometriosis Association, Inc., International Headquarters, 8585North 76th Place, Milwaukee, WI 53223. You may also telephone (800) 992-3636 in the United States or (800) 426-2363 in Canada.

Facing surgery is hard! Fortunately, there's a new development in this area that can make a major difference.

It's hard to put into words the anxiety that occurs for most of us when facing surgery, even when we're well-prepared and feel confident in our surgeon. It seems that every day before surgery a certain anxious gloom pervades the mind at least part of the time and grows in the days just before the procedure. Last year, when I was facing surgery again (my fifth for endo) I was fortunate to find an aid that made this surgery far more emotionally manageable than my earlier surgeries.

At the American Association of Gynecologic Laparoscopists' annual meeting in November 1990, Dr. Ronald Burke of the University of Massachusetts Medical School presented the results of a study by Suzanne Jonas, Ed.D.; the Fertility Institute of Western Massachusetts; and himself, using special relaxation audiotapes. In the study, one group of patients used the tapes before coming to the hospital, while under anesthesia, and in the recovery room, while another group of patients did not use the tapes. All the patients underwent diagnostic or operative laparoscopy. The patients using the tapes had significantly less pain and nausea following the operation, and returned to full activity quicker than the group that had not used the tapes.

Another study, reported in The Lancet (August 27, 1988, Vol. 2, No. 8609, p. 491), found that patients who listened to a relaxation tape during hysterectomy recovered more quickly with less fever and significantly less gastrointestinal problems than patients who listened to a blank tape. Other studies have suggested that operating room sounds may be registered in the brain even though the patient is under general anesthesia and these sounds may influence recovery.

So part of the effect of the tapes, besides putting positive, affirming, reassuring thoughts in the patient's head, may be that they block out operating room sounds and statements that could be disturbing. Some anesthesiologists now make gentle suggestions to the patient, such as telling the patient, still under anesthesia, that the operation is over and was a complete success and that she will be waking soon and will do well, because of these studies.

I decided to try out the tapes used in the Jonas/Burke study for my surgery last year and share the experiences with our members, who face so many operative laparoscopies. My doctor (my general practitioner) was supportive and gave me another article on the subject.

I contacted The Monroe Institute® in Faber, Virginia, which produces the specialized tapes that were used in the Jonas/Burke study. The Institute is a nonprofit educational and research organization devoted to understanding human consciousness and practical applications of this understanding.

I was sent the set of six tapes called the *EMERGENCY SERIES*, (now called *Surgical Support Series*) which the brochure in the cassette holder said was "designed to assist individuals through a physical crisis such as major illness, traumatic injury, or surgery." The tapes included one for use before surgery, one for use during surgery, one for the recovery room, one for recuperation from surgery, one called *Energy Walk*, and one called *Surf*, recorded surf sounds.

The tapes include the blended, sequenced sound patterns that are the result of research by Robert Monroe and colleagues at The Monroe Institute. Their work has identified specific signals, called "binaural beats," which are fed into each ear through stereo earphones to produce synchronization of the left and right hemispheres of the brain, (which The Monroe

Institute calls “Hemi-Sync®”). These audio signals help reduce “that constant psychological turmoil that people go through” with surgery, says one surgeon who has used them for his patients.

Binaural beats are not the same as the subliminal messages that some tapes advertise. Subliminal messages means the message is not audible. On these tapes, in addition to the special modulated frequencies to control brain waves, the voice, if one is present, is audible.

The voice on The Monroe Institute tapes is a very soothing one which encourages the listener to relax. Tape One, the *Pre-Op* tape, for instance, is a wonderfully relaxing, affirming tape in which the narrator takes the listener step by step through conscious relaxation head to toe. First, let your jaw, let your jaw go limp and relax, let the muscles and nerves of your jaw go limp and relax. Now, your eyelids. Let your eyelids relax and go limp. Now, let your lips, let the muscles and nerves in your lips relax, relax easily and go limp. Now, the muscles in your forehead . . . Chances are that by the end of this tape you’re asleep or at the least, very relaxed and no longer anxious.

The instructions note that you should use the *Pre-Op* tape as many times as possible prior to surgery, both before and after admission to the hospital. I found this tape unbelievably soothing and used it many times before surgery. One night I found it hard to sleep—I was anxious and the persistent, intermittent sound of the foghorn out on Lake Michigan bothered me. “I hope the tape will knock out the foghorn sound,” I thought as I put the Walkman™ on. It didn’t, but it made me feel so good and so relaxed, that I wasn’t bothered by the foghorn anymore. After the surgery, I realized that the tape did the same thing with pain and discomfort—it was still there but it didn’t bother me, just as the tape said.

As I wrote at the time (Shirley Bliley of the Institute had suggested I keep notes on my use of the tapes):

Several times anxiety hits me and I listen to the *Pre-Op* or, a couple of times, the I*ntra-Op* tape, and find despite my thoughts still being somewhat anxious, I’m surprisingly calm and feel an inner peace. After a disconcerting doctor visit and as anxiety builds the night before, the tapes help.

The morning of the surgery I listen to them at 5:15 a.m. on the way to the hospital. I listen waiting to be taken down to surgery and in the pre-op area. I discussed them with the anesthesiologist—he’s very interested and more than willing to help by being sure the earphones stay on during surgery and replacing the *Intra-Op* tape with the recovery room tape when I go into the recovery room.

I woke in the recovery room to the soothing sounds of the recovery tape . . . Let the others help you restore your balance . . . You accept the green, blue, and purple healing energy that they

are bringing to you; the bright healing, warm energy they are giving to you . . . The nerve signals of pain flow through you and do not register during this period now . . .

It was a far better way to wake than my previous four surgeries when I remembered waking either to searing pain (in the laparotomies) or the dread feeling of not quite knowing where I was and being in a haze. The tape made me feel that although I was feeling pain, I would be able to manage it and I was! It helped me feel that I could manage until my blood pressure came up a little and they could give me an injection of Demerol™.

Later I learned that while I was listening to the *Intra-Op* tape during the surgery, the surgeon and anesthesiologist listened to some of the *Recovery* tape. In one part of the tape it says that the caregiver should check that the message is going into the right ear of the patient. The surgeon and anesthesiologist joked that they hadn't known they should check and wondered if it had rearranged the hemispheres in my brain for me. Was I left-handed now?!

Tuesday, the day after the surgery: On the *Recuperation* tape, the soothing voice says that the pain signals are no longer important, for now, to allow you to sleep. I like that very much—a way to be aware of what's happening to your body so you can take the necessary pain meds or rest or not try to do too much, yet at the same time not to let the pain and discomfort messages take over. It helps impart or put you in touch with a wonderful sense of equilibrium.

Wednesday, the second day after surgery: I feel better but then become restless, a little blue, irritable about the music and voices upstairs—is this the third-day blues? I put the *Recuperation* tape on and despite my restlessness and inability to sleep find a sense of peace and relaxation. It's amazing how effective these tapes are. As one woman wrote about her spleen surgery in The Monroe Institute newsletter, "Every sound and word took on a special therapeutic meaning."

Fifth day after surgery: So sore—I overdid it yesterday! I felt so good I forgot I wasn't really supposed to be out more than three or so hours. I feel good, though sore, just no energy. I want to read but just don't have the energy, not really tired enough to sleep so sew instead while listening to the post-op tape called, appropriately, *Energy Walk*. The soothing voice guides the listener to imagine being on a beach, a grassy meadow, and looking at your favorite tree at the end of the meadow. It's really quite beautiful.

The tape even helped us on the trip, apart from the surgery, when our nine-year-old developed bronchitis and a touch of pneumonia. Imagine being cooped up with a sick nine-year-old in a small motel room while awaiting surgery. She was so uncomfortable and restless she couldn't sleep, so I gave her the *Energy Walk* tape because the description says, "Play Energy Walk . . . whenever s/he is restless, in pain, or unable to sleep." Our daughter went from being restless, frustrated (and frustrating her parents) to lying perfectly still, eyes closed, smiling, relaxed.

“This is wonderful, Mom. It’s so beautiful. I feel so good.” She drifts off into a light nap after a while.

The tapes are also very useful in pain management. One of them, *Recuperation*, is also sold separately under the title *Pain Control*.

For surgical use of the tapes, be sure to use a Walkman™ or other battery-operated [tapeplayer] with automatic reverse so that the tape can keep playing no matter how long the surgery or recovery time.

We encourage chapters and support groups to obtain a set for lending to members at the time of surgery. Encourage your doctor and hospital to obtain a set for loan to women at the time of surgery.

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